

03560.00236



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
: Examiner: J.R. Pokrzywa  
TORU MAEDA )  
: Art Unit: 2622  
Application No.: 09/277,172 )  
:   
Filed: March 26, 1999 )  
:   
For: IMAGE COMMUNICATION )  
APPARATUS AND METHOD : June 3, 2004

#16/c  
K Davis  
6-21-04

**Mail Stop Amendment**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**

JUN 15 2004

Technology Center 2600

AMENDMENT

Sir:

In response to the Office Action dated March 3, 2004, the Examiner is respectfully requested to amend the above-identified application as follows:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to:  
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

June 3, 2004.

(Date of Deposit)

Leonard P. Diana (Reg. No. 29,296)

(Name of Attorney for Applicants)

*Leonard P. Diana*

(Signature)

June 3, 2004

(Date of Signature)



2622

In re Application of

Docket No. 03560.002368

TORU MAEDA

Application No.: 09/277,172

Examiner: J.R. Pokrzywa

Filed: March 26, 1999

TC/Art Unit: 2622

For: IMAGE COMMUNICATION APPARATUS  
AND METHOD

Date: June 3, 2004

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450**RECEIVED**

JUN 15 2004

Sir:

Technology Center 2600

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 9	MINUS	** 88	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 2	MINUS	*** 12	= 0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$\_\_\_\_\_ is enclosed.

☐ Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$\_\_\_\_\_ to cover the fee for a \_\_\_\_\_-month extension is enclosed.

☐ A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
Attorney for Applicant

Registration No. 29,296

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3801  
Facsimile: (212) 218-2200

Form #120

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